ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: [illegible] Father's Name: [illegible] G. Father's Name: ወርቄ

Date of Birth: 20 DEC 87 Place of Birth: WOLAYTA Passport Number: EP6980095 Gender: ሴት

Address: - Region: ደቡብ City: ______ Sub City: [illegible] Woreda: [illegible] Kebele: ______ H. No.: ______

Occupation: የቤት ሰራተኛ Marital Status: [illegible] Labor ID Number: ______

Contact Person in case of Emergency: Name [illegible] Telephone: 0909071962

2. Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: ______ Telephone: ______

Destination Country: Dubai Departure (Effective) Date: 29/01/2028

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	**Relationship**	**Percentage Share**	**Address/Telephone**
i.	[illegible]	[illegible]	100%	0909071962
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		**100%**

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: [illegible] **Signature:** [signature] **Date:** 29/07/2028